



Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:
<b>Section VI</b>
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address below, or mail this form to:

Ellen Keegan  
 Chief Human Resources Director  
**STEP, Inc.**  
 2138 Lincoln Street  
 Williamsport, PA 17701  
 Email: elkeegan@stepcorp.org  
 Phone: 570-601-9513  
 Fax: 570-601-9517